

SCC eFile	2013 ANNUAL REPORT COMMONWEALTH OF VIRGINIA STATE CORPORATION COMMISSION	213559662			
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <p>1.) CORPORATION NAME: THE INDEPENDENT ORDER OF FORESTERS</p> <p>2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: REGISTERED AGENT SOLUTIONS INC 7288 HANOVER GREEN DR MECHANICSVILLE, VA</p> <p>3.) CITY OR COUNTY OF VA REGISTERED OFFICE: HANOVER COUNTY</p> <p>4.) STATE OR COUNTRY OF INCORPORATION: FN</p> </div> <div style="width: 35%;"> <p>DUE DATE: 10/31/2013</p> <p>SCC ID NO: F0257792</p> <p>5.) STOCK INFORMATION</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">CLASS</td> <td style="width: 50%;">AUTHORIZED</td> </tr> </table> </div> </div>			CLASS	AUTHORIZED	
CLASS	AUTHORIZED				
<p>6.) PRINCIPAL OFFICE ADDRESS:</p> <p style="text-align: center;">ADDRESS: 789 DON MILLS RD TORONTO ONTARIO M3C 1T9</p> <p style="text-align: center;">CITY/ST/ZIP: FOREIGN, Canada</p>					
<p>7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.</p>					
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: GEORGE S MOHACSI TITLE: PRESIDENT ADDRESS: 789 DON MILLS ROAD CITY/ST/ZIP/CO: TORONTO, ON M3C 1T9, CA </td> <td style="width: 5%; text-align: center; vertical-align: middle;"> <input checked="" type="checkbox"/> </td> <td style="width: 40%; text-align: center; vertical-align: middle;"> OFFICER <input type="checkbox"/> DIRECTOR </td> </tr> </table>			NAME: GEORGE S MOHACSI TITLE: PRESIDENT ADDRESS: 789 DON MILLS ROAD CITY/ST/ZIP/CO: TORONTO, ON M3C 1T9, CA	<input checked="" type="checkbox"/>	OFFICER <input type="checkbox"/> DIRECTOR
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NAME:	JAMES (JIM) M BOWDEN	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	789 DON MILLS ROAD		
CITY/ST/ZIP/CO:	TORONTO, ON M3C 1T9, CA		
NAME:	ROBERT E LAMOUREUX	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	789 DON MILLS ROAD		
CITY/ST/ZIP/CO:	TORONTO, ON M3C 1T9, CA		
NAME:	FRANK N.C LOCHAN	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	789 DON MILLS ROAD		
CITY/ST/ZIP/CO:	TORONTO, ON M3C 1T9, CA		
NAME:	MARTHA E MARCON	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	789 DON MILLS ROAD		
CITY/ST/ZIP/CO:	TORONTO, ON M3C 1T9, CA		
NAME:	LARAIN J MORRIS	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	789 DON MILLS ROAD		
CITY/ST/ZIP/CO:	TORONTO, ON M3C 1T9, CA		
NAME:	DAVID E MORRISON	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	789 DON MILLS ROAD		
CITY/ST/ZIP/CO:	TORONTO, ON M3C 1T9, CA		
NAME:	DAVID R SAUNDERS	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	789 DON MILLS ROAD		
CITY/ST/ZIP/CO:	TORONTO, ON M3C 1T9, CA		
NAME:	JOHN B SCOTT	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	789 DON MILLS ROAD		
CITY/ST/ZIP/CO:	TORONTO, ON M3C 1T9, CA		
NAME:	MICHAEL P STRAMAGLIA	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	789 DON MILLS ROAD		
CITY/ST/ZIP/CO:	TORONTO, ON M3C 1T9, CA		
NAME:	CHRISTOPHER J STRANAHAN	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	789 DON MILLS ROAD		
CITY/ST/ZIP/CO:	TORONTO, ON M3C 1T9, CA		
NAME:	WENDY A WATSON	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	789 DON MILLS ROAD		
CITY/ST/ZIP/CO:	TORONTO, ON M3C 1T9, CA		
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.			

<u>/s/ KATHARINE E ROUNTHWAITE</u> SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	<u>KATHARINE E ROUNTHWAITE, SECRETARY</u> PRINTED NAME AND CORPORATE TITLE	<u>12/16/2013</u> DATE
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.		